



THRIFT SAVINGS PLAN ELECTION FORM

TSP-U-1

Use this form to start your contributions to the Thrift Savings Plan (TSP), to change the amount of your contributions, or to stop your contributions.

Before completing this form, please read the *Summary of the Thrift Savings Plan for the Uniformed Services* and the instructions on the back of this form. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP (see instructions).** Your service will return a copy to you after completing Section V.

Note: To allocate your contributions among the five investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. _____
Name (Last) (First) (Middle)
2. _____
Mailing Address (may be APO or FPO) City State Zip Code
3. _____
Social Security Number
4. (_____) _____
Telephone (Area Code and Number)
5. ____/____/____
Date of Birth (mm/dd/yyyy)
6. _____
Office Identification (Service and Organization)

II. START OR CHANGE YOUR CONTRIBUTIONS (Use whole percent- ages only.)

To start or change the amount of your contributions, enter in Item 7 the percentage of your basic pay per pay period that you want to contribute.

7. _____ .0% **Basic Pay**
If you contribute from basic pay, you may also contribute from incentive pay, special pay (except bonus pay), or bonus pay. If you elect to contribute from any of these types of pay, your election will take effect whenever you become entitled to this pay.
8. _____ .0% **Incentive Pay**
9. _____ .0% **Special Pay (except bonus pay)**
10. _____ .0% **Bonus Pay**

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 11 and complete Section IV. If you want to stop only your contributions from incentive pay, special pay (except bonus pay), or bonus pay, check Items 12, 13, or 14, as appropriate, and complete Section IV. Your contributions will stop no later than the first full pay period after your service receives this form.

11. ☐ Stop my contributions from **basic pay**. I understand that this will cause my contributions from all other types of pay to stop also.
12. ☐ Stop my contributions from **incentive pay**.
13. ☐ Stop my contributions from **special pay (except bonus pay)**.
14. ☐ Stop my contributions from **bonus pay**.

IV. SIGNATURE

15. _____
Service Member's Signature
16. ____/____/____
Date Signed (mm/dd/yyyy)

V. FOR SERVICE USE ONLY

17. _____
Payroll Office Number
18. ____/____/____
Effective Date (mm/dd/yyyy)
19. ____/____/____
Date member will become eligible to resume contributions (mm/dd/yyyy) (if member completed Section III).
20. _____
Signature of Service Official
21. ____/____/____
Receipt Date (mm/dd/yyyy)

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal law,

or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

To start or change your contributions, submit this form during a TSP open season or within 60 days of the date you join the uniformed services. If you are a member of the Ready Reserve and are called to active duty, or if you are a member leaving active duty and entering the Ready Reserve, you may also make a contribution election within 60 days of your change in status. (**Special rule for bonus pay**: If you are already contributing from basic pay, you may elect to contribute from bonus pay at any time.)

To stop your contributions, submit this form at any time. (See Section III.)

Your TSP election will stay in effect until you submit another election to change or stop your contributions, or you separate from service. Consequently, if you elect to contribute from bonus pay, your election will cover future installments or any other bonus pay to which you become entitled, until you specify otherwise.

Pay categories are defined in Chapter 5 of title 37, U.S.C. **Basic pay** for active duty is defined in section 204; section 206 defines pay for Ready Reserves (e.g., inactive duty for training (IDT) pay). Chapter 5 also defines **incentive pay** (e.g., flight pay, submarine pay, hazardous duty pay), **special pay** (e.g., medical and dental officer pay, hardship duty pay, career sea pay) and **bonus pay** (e.g., enlistment and reenlistment bonuses). (Although bonus pay is generally a form of special pay, it is treated separately from special pay for TSP purposes.)

If you change your address, notify your service's office that is responsible for your TSP enrollment so that your service can correct your records for your TSP account.

To allocate your contributions among the five investment funds, use the TSP Web site (www.tsp.gov), the ThriftLine ((504) 255-8777), or Form TSP-U-50, Investment Allocation. If you use the Web site or ThriftLine, you will need your Social Security number and your TSP Personnel Identification Number (PIN). If you are a new participant, you will receive your PIN by mail after your account has been established. If you choose to submit Form TSP-U-50, do not do so until you receive a letter from the TSP record keeper confirming that your new account has been established.

SECTION I

Complete all items in this section. In Item 4, provide the telephone number at which you can most easily be reached during the day.

SECTION II

Complete this section to start or change the amount of your contributions.

Item 7. Percentage of Basic Pay per Pay Period. You may contribute up to the limits specified below (but you may not exceed the Internal Revenue Code (IRC) annual limits).

For pay periods beginning in:	The maximum contribution allowed from basic pay is:
2002	7%
2003	8%
2004	9%
2005	10%
2006 and thereafter	TSP contribution limits eliminated

Items 8, 9, 10. Percentage of Incentive Pay, Special Pay, or Bonus Pay per Pay Period. If you elect to contribute from basic pay, you may also elect to contribute from 1% to 100% of any incentive pay, special pay, or bonus pay that you receive (but your total contributions for the year cannot exceed the IRC limits). If you are not now receiving incentive pay, special pay, or bonus pay, your election will take effect whenever you become entitled to this pay.

Internal Revenue Code section 402(g) and section 415(c) may limit your annual contributions. See the *Summary of the Thrift Savings Plan for the Uniformed Services* for more information about these statutory limitations.

SECTION III

Complete this section to stop your contributions. If you stop your contributions from basic pay (Item 11), your service will automatically stop your contributions from incentive pay, special pay, and bonus pay. However, you may stop contributing from incentive pay, special pay, or bonus pay and still continue your contributions from basic pay.

If you stop contributions during a TSP open season, you may resume them in the next open season. If you stop your contributions outside an open season, you must wait until the second open season following the termination to resume your contributions. If you stop contributions from a bonus, you may elect to reinstate the bonus pay election at any time.

SECTION IV

You must complete this section.

SECTION V

(To be completed by service official)

In **Item 18**, enter the effective date of the election. If a participant chooses to stop contributing to the TSP (Section III), complete **Item 19**, entering the date on which the member may resume contributing. In **Item 21**, enter the date the form is received by the office responsible for TSP enrollment.